# MITOMATE

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE FALL AHASSEE FLORIDA



#### **COVER LETTER**

Division of Corporations	
SUBJECT: ITTAG, LLC	
(Name of Lim	nited Liability Company)
• • • • • •	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Dale A. Dettmer,	Esquire
(Na	ame of Person)
Krasnyyand Dettm	ner
(Fi	irm/Company) $\sum_{m=0}^{\infty}$ 9
304 S. Harbor Cit	y Blvd, Suite 201
	(Address)
Melbourne, FL 32	(Address)
(City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Debbie_Campos	at ( 321 ) 723-5646
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  [XX\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate or \$\sum \$130.00 Filing Fee \$\sum \$\	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ITTAG, LLC (Name of Foreign Limited Liability Company) 20-8738203 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) March 27, 2007 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. \_\_ N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2060 S. Patrick Drive Indian Harbour Beach, FL 32937 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Walter J. Gatti 2060 S. Patrick Drive Indian Harbour Beach, FL 32937 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: purchase and lease of aircraft Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Walter J. Gatti

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:	
ITTAG,	£LC	
2. The name an	d the Florida street address of the registered agent and office are:	
	Walter J. Gatti (Name)	07 APR SECRETA
	2060 S. Patrick Drive	R 10 PH
	Florida Street Address (P.O. Box NOT ACCEPTABLE)  Indian Harbour Beach, FL 32937  City/State/Zip	PH 1: 09 PH 1: 09 PE STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITTAG, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITTAG, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2007.





Varriet Smith Window Socretary of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5551309

DATE: 03-29-07

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